

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$1720.00 for dates of service, 11/05/01 and 11/06/01.
- b. The request was received on 01/24/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms/Medical Audit summary
 - d. Medical Records
 - e. Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 06/10/02. There is no response from the Requestor in the file. A "No Provider 14 Day Response Found" from the Requestor is reflected in Exhibit I.
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:

Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 06/10/02. There is no Carrier initial or 14 day response to this medical fee dispute in the file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 01/21/02

"This facility will present facts to show that the 'health care was medically reasonable, necessary.' Therefore, this facility feels that it is entitled to 'medical benefits.' With this information, this facility is formally requesting that a peer review doctor evaluate the extensive documentation and rationale provided in these records."
2. Respondent: No response found

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 11/05/01 and 11/06/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$3000.00 for services rendered on the above dates in dispute.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$1280.00 for services rendered on the above dates in dispute.
5. The Carrier's EOBs deny additional reimbursement as 'M – REIMBURSED PER THE INSURANCE CARRIER/S FAIR AND REASONABLE ALLOWANCE.'
6. The Carrier did not respond to the Provider's request for medical dispute resolution.
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
11/05/01 11/06/01	97799 CP 97799 CP	\$1500.00 \$1500.00	\$640.00 \$640.00	M M	DOP DOP	TWCC Rule 133.304 (c); and 133.304 (i); MFG General Instructions (III); MGR (II) (G); CPT Descriptor	TWCC Rule 133.304 states "The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)." The Carrier does not address or support their denial for CPT Code billed. Additionally, the Carrier did not respond to the Provider's request for medical dispute resolution or submit evidence of a methodology as required by TWCC Rule 133.304 (i). Therefore, the Carrier has not supported their denial in accordance with TWCC Rule 133.304 (c). Reimbursement of \$1720.00 is recommended.
Totals		\$3000.00	\$1280.00				The Requestor is entitled to reimbursement in the amount of \$1720.00 .

The above Findings and Decision are hereby issued this 31st day of January 2003.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division

DT/dt

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$1720.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 31st day of January 2003.

Carolyn Ollar
Supervisor - Medical Dispute Resolution Officer
Medical Review Division

CO/dt